## Safe and Healthy Lives in Safe and Healthy Communities

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS, DEPARTMENT OF HEALTH, BOARD OF MEDICAL LICENSURE AND DISCIPLINE

No. C96-275

In the matter of: Jorge S. Ruelos, M.D.

## CONSENT ORDER

Pursuant to R.I. Gen. Laws § 5-37-5.2, 1956, as amended, (1995 Reenactment) a report of a claim was filed with the Board of Medical Licensure and Discipline (hereinafter referred to as "Board") charging Jorge S. Ruelos, M.D., Respondent, with violations of § 5-37-5.1. An investigation was conducted by Investigating Committee I, so called, of the Board.

The following constitutes the Investigating

Committee's Findings of Fact with respect to the professional

performance of the Respondent:

## Findings of Fact

1. A 25 year-old female was first seen by the Respondent on December 29, 1994 at the prenatal clinic of a local hospital. The patient was thirty weeks pregnant with her first baby. There is no documentation of urinary protein

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or sugar at this initial prenatal exam but a diabetic screening was performed. An ultrasound, performed on January 11, 1995 demonstrated the gestational age of the fetus to be thirty three weeks and three days. In January the patient had positive sugar in her urine, of 2+ on one visit and 3+ on another visit.

- 2. On March 13, 1995 at 1336 hours the patient was admitted in active labor. The gestational age of the fetus was forty one weeks and two days. At 1555 hours her cervix was 4 centimeters dilated, 80% effaced and the fetus was at -1 station. The membranes were artificially ruptured and epidural anesthesia was started. There were periods of concern regarding the fetal heart tracing after 2015 hours. No notation regarding the fetal tracing was done. Fetal scalp pH was not done. At 2120 hours her cervix was fully dilated and the fetus was at zero station. The patient pushed for one hour at which point the fetus was at +2 station.
- 3. A vacuum extractor was applied by the Respondent to the fetal head without success. Forceps were then applied but a successful lock was not obtained. Fundal pressure was applied and the head was rotated and delivered but the anterior shoulder could not be delivered. Further rotation was done using the corkscrew maneuver to free the shoulder, and the baby was delivered. The APGARs at birth and at 5 minutes were poor. The blood pH of the baby was 6.94 indicating severe hypoxia.

- 4. The Board of Medical Licensure and Discipline finds the Respondent guilty of unprofessional conduct for departure from, and the failure to conform, to the minimal standards of acceptable and prevailing obstetrical practice in violation of Rhode Island General Laws \$5-37-5.1 (19).
- a) Lack of medical record documentation regarding fetal heart rate monitoring and of the time it took to deliver the baby's head to the time to deliver the remainder of the body
- modalities such as 1)prenatal urine and blood sugar testing
  2)intrapartum fetal assessment such as scalp pH and 3)
  assessment for a disproportion between the fetus and the
  mother's pelvis.
  - c) A cesarean section should have been performed.
    The parties agree as follows:
- (1) The Respondent is a physician licensed and doing business under and by virtue of the Laws of the State of Rhode Island, allopathic license number, MD 06564.
- (2) Respondent admits to the jurisdiction of the Board and hereby agrees to remain under the jurisdiction of the Board.
- (3) Respondent has read this Consent Order and understands that it is a proposal of Investigating Committee II of the Board and is subject to the final approval of the Board. This Consent Order is not binding on respondent until final ratification by the Board.

- (4) Respondent hereby acknowledges and waives:
  - a. The right to appear personally or by counsel or both before the Board;
  - b. The right to produce witnesses and evidence in his behalf at a hearing;
  - c. The right to cross examine witnesses;
  - d. The right to have subpoenas issued by the Board:
  - e. The right to further procedural steps except for specifically contained herein;
  - f. Any and all rights of appeal of this Consent Order;
  - g. Any objection to the fact that this Consent Order will be presented to the Board for consideration and review;
  - h. Any objection to the fact that it will be necessary for the Board to become acquainted with all evidence pertaining to this matter in order to review adequately this Consent Order;
  - i. Any objection to the fact that potential bias against the Respondent may occur as a result of the presentation of this Consent Order.
- (5) If the Consent Order is not accepted by the Respondent, the Investigative Committee will recommend to the Board that an Administrative Hearing be scheduled with respect

to any and all acts of alleged unprofessional conduct. If the Board approves, a Hearing Committee will be convened for the purpose of conducting the Administrative Hearing. The composition of the Hearing Committee is described by statute. If the Hearing Committee votes in favor of finding the Respondent guilty of unprofessional conduct as specified in the charges, the Board shall prepare written finding of fact and law in support of said conclusion. If the accused is found not guilty, the Board shall, forthwith, issue an order dismissing the charges.

- (6) Acceptance of this Consent Order constitutes an acknowledgement by the Respondent of the Investigative Findings set forth herein.
- (7) This Consent Order shall become part of the public record of this proceeding once it is accepted by all parties and by the Board.
- (8) Failure to comply with this Consent Order, when signed and accepted, shall subject the Respondent to further disciplinary action.
- (9) Respondent accepts the Board's finding of unprofessional conduct with a sanction of a Reprimand. Further, the Respondent shall be required to complete continuing medical education of at least twenty hours in indications for and management of Cesarean Births. The course shall be pre-approved by the board and documentation of satisfactory completion shall be forwarded to the board within six months of the signing of this agreement.

10.	There shall be a	n administrativ	ve fee of \$50	00.00 due
within 90.	days of the acce	eptance of this	agreement.	:- ::
Signe	ed this	9th day	of Other 19	· 98.
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Ratified b	oy the Board of M	Medical Licensu	re and Disci	pline at

a meeting held on 14-October,

Rtricia O. Alan MD, MPH
Patricia Nolan, MD, MPH
Chairperson
Board of Medical Licensure and
Discipline

1998.